



**Metropolitan Government of Nashville & Davidson County
Division of Unclaimed Property**

P.O. Box 196300

Nashville, TN 37219-6300

Phone: 615-862-6100, option 5

Email (for Q&A only): unclaimed.property@nashville.gov

Website: www.nashville.gov/Finance/Unclaimed-Property.aspx

Unclaimed Property Claim Form

This form must be signed and notarized. This form is not considered submitted until all documentation required, as stated below, has been received by the Unclaimed Property Office. Please mail this form and documentation to the P.O. Box above, **before April 8, 2015**. Any forms received after this date will not be processed. All unclaimed funds not processed will be remitted to the State of Tennessee Unclaimed Property Office.

Please provide the following information exactly as it appeared on the letter you received from the Division of Unclaimed Property.

Unclaimed Property Tracking # (UP #) _____

Owner Name Listed on Notice (Last Name, First, MI or business) Social Security #/Tax ID # ____/____/____
DOB(mm/dd/yyyy),
Individual only

___ P-Individual ___ C-Corporate Entity ___ N-Non-Corporate Entity (specify type) _____

Relationship to owner (circle): Self Parent Guardian Trustee Executor/Administrator
Power of Attorney

Other (and reason for claiming on owner's behalf) _____

Name of Claimant (Last Name, First Name MI or business name)

Address Listed on Notice (even if no longer there) Apt #

City State Zip Code

☐ Please check if address above is not your current address, and enter your current address below.

Current Mailing Address (if different) Apt #

City State Zip Code

Contact Information

Please provide information below in case the Division of Unclaimed Property should need to contact you.

Home Phone _____ Cell Phone _____

Other Phone _____

Email Address _____

CONTINUED ON NEXT PAGE

CERTIFICATION AND NOTARIZATION REQUIRED

I hereby certify that all the facts and information that I have provided are true and accurate. I have a legal or equitable interest in the unclaimed funds and will indemnify and save harmless the Metropolitan Government of Nashville & Davidson County, its officers, employees and agencies from any valid claim to such unclaimed funds.

Signature of Claimant _____ Date _____

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary _____

Notary Seal

My commission expires: _____

DOCUMENTATION REQUIRED BEFORE CLAIMS ARE PAID

Individuals:

- Proof of mailing address
- Copy of Social Security Card or Proof of Social Security Number
- Copy of drivers license, state-issued identification card, or passport
- Proof of legal or equitable interest (authority to claim property) if you are not the individual listed (death certificate, probated will, power of attorney, etc.)

Businesses:

- Signed cover letter on company letterhead
- Proof of mailing address
- Proof of FEIN (Federal Tax ID Number)
- Copy of ID of claimant signing claim form
- Documentation that claimant has authority to claim for the business
- Copy of ownership interest via contract or other legal documents if claiming for closed or sold businesses

All Claimants:

If you are requesting that the address above be changed, you must provide a copy of the identification above and a copy of a bill or other proof of the validity of the address listed.

***Please note: The check will be sent in the name of the person or business listed on this form.

If you have any questions about completing this form, you may write to the address above, call the phone number above, or email the Division of Unclaimed Property at the e-mail address above.

For Government Use Only:

Received: _____

ID _____ AB _____ Appr1 _____